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DENBIGHSHIRE EDUCATION COMMITTEE



# ANNUAL REPORT

of the

## Principal School Medical Officer

for the year

# 1953

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M. T. ISLWYN JONES, M.D., D.P.H.,  
Principal School Medical Officer.



## COMMITTEES

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### Education Committee

Chairman: Alderman E. A. Cross, M.B.E.

Vice-Chairman: Alderman R. F. Watkins.

Members: All the Members of the County Council

Selected Members: Mrs. R. I. Affleck, Wrexham.  
Rev. R. A. Bowyer, Isycoed, Wrexham.  
Mrs. Christopher Davies, Wrexham.  
Mr. J. Edgar Griffiths, Coedpoeth.  
Mr. Zabulon Griffiths, Ponciau.  
Mr. D. B. Jones, Rhos-on-Sea.  
Miss A. G. Morris, Rhewl.  
Mrs. J. T. Roberts, Cerrigydrudion.  
Mr. Emlyn Rogers, M.A., Johnstown.  
Mr. Oswald Thomas, Ruthin.  
Mr. Emlyn M. Williams, Brynteg.  
Mrs. M. C. Williams, Llanrwst.

### Attendance and Medical Inspection Committee

Chairman: Alderman Mrs. C. Lloyd.

Members: All the Members of the  
Education Committee.

### Wrexham Area Divisional Executive Committee

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Vice-Chairman: Alderman Edward Williams.

	Members
Representation: Chairman and Vice-Chairman of the Education Committee .....	2
Local Education Authority .	10
Wrexham R.D. Council .....	8
Wrexham Borough Council	6
Co-opted Members .....	4
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## FOREWORD

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The Annual Report on the School Health Service for the year 1953, which it is my honour to present, records further progress in many directions.

The process of re-organisation is nearing completion and already some benefits have accrued from the re-planning of the administration. It will be noted that there was an increase of approximately 400 in the number of routine medical inspections and 650 re-inspections over the number in 1952. In addition, the School Medical Officers have examined 284 teachers and students—an increase of 49 on the previous year, while the equivalent of half the time of one School Medical Officer was devoted to dental anaesthetics. This increased output has resulted from the industry of the School Medical Officers, to whom I would express my appreciation, as well as a more concentrated and compact programme of work.

With increased work there has resulted an improvement in the ascertainment of handicapped pupils, which in turn has resulted in a further addition to the load. In other words, the more meticulously and completely the duties of the School Health Service are performed, the greater the amount of work becomes. Further, as the scope of the School Health Service widens, so other services come to depend on it increasingly; general medical practitioners, specialists, teachers, youth employment officers, probation officers and children's officers are increasingly referring problems and difficulties to the department.

In other directions there were disappointments. Only one dental officer was recruited despite several advertisements. A speech therapist was nearly engaged, but her services were lost due to delay in amending the scheme and obtaining Committee authority to employ one whole-time speech therapist in Denbighshire. The immediate prospect of having a school for the physically handicapped for the North Wales counties faded on divergent views regarding premises.

These have been mitigated somewhat by the appointment of Mr. B. T. Broadbent as orthodontist on a sessional

basis, the arrangement for speech therapy at Oswestry and Prestatyn, and the hope that a special school for educationally sub-normal children may be built in the Wrexham area in the not too distant future.

The progress recorded in this report would not have been possible without the close co-operation of the Director of Education and his staff, head teachers and teachers, doctors and nurses, and clerical staff, and I acknowledge my indebtedness to them all, but particularly to Dr. R. G. Davies, who has been mainly responsible for the School Health Service and for the compilation of this Report.

Finally, I thank the Chairman, Alderman Mrs. C. Lloyd, and the members of the Committee for inspiration and support throughout the year.

M. T. ISLWYN JONES,

Principal School Medical Officer

County Health Department,

16 Grosvenor Road,

WREXHAM.

May, 1954.

## STAFF

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Principal School Medical Officer:

Dr. M. T. Islwyn Jones, M.D., D.P.H.

Deputy Principal School Medical Officer:

Dr R. G. Davies, M.D., D.P.H.

School Medical Officers

and District Medical Officers of Health:

Dr. W. McKendrick, M.D., D.P.H.

Dr. M. Jones-Roberts, M.B., Ch.B., D.P.H.

Dr. T. Kenrick Hughes, M.B., Ch.B., D.P.H.

Dr. Evan Williams, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officers:

Dr. S. O. Edwards, M.B., Ch.B., D.P.H.

Dr. A. J. Smith, M.B., Ch.B.

Dr. D. J. Wilson, M.R.C.S., L.R.C.P.

(appointed 5/10/53)

Dr. A. A. Shone, M.B., Ch.B. (resigned 31/8/53).

Principal School Dental Officer:

Mr. J. G. Roberts, L.D.S.

Assistant Dental Officers:

Mr. H. E. Fussell, L.D.S.

Mr. J. P. Reid, L.D.S. (appointed 28/9/53).

Orthodontic Specialist:

Mr. B. T. Broadbent, F.D.S., L.D.S.

Ophthalmic Specialist:

Dr. M. Rowland Hughes, M.B., Ch.B., D.O.M.S.

Psychiatrist:

Dr. E. Simmons.

Educational Psychologist:

Mrs. C. Williams, B.A.

Psychiatric Social Workers:

Miss M. K. Pretty.

Mr. J. S. Midwinter.

Superintendent Nursing Officer:

Miss W. M. Chune, S.R.N., S.C.M., H.V.,  
Queen's Nurse.

Deputy Superintendent Nursing Officer:

Miss Eirlys Jones, S.R.N., S.C.M., H.V.,  
Queen's Nurse.

Assistant Superintendent Nursing Officer:

Mrs. L. Warne, S.R.N., S.C.M., Queen's Nurse.

School Nurses and Health Visitors:

Miss K. Jones, Miss E. A. Bodsworth, Miss M. E. Jones, Miss E. Griffiths, Miss M. D. Evans, Miss E. A. Beech, Miss S. C. Evans, Mrs. I. E. Garner, Mrs. M. Williams; Mrs. A. E. Jones, Miss M. Wynne Evans, Miss A. M. Lloyd, Miss E. B. Jones (resigned 16/5/53), Miss A. E. Jones (appointed 1/6/53), Miss E. Foulkes (appointed 1/8/53).

School Nurses:

Mrs. A. Martin, Mrs. V. Richards.

Dental Attendants:

Mrs. M. Jarvis, Miss I. E. Sanderson, Miss A. Cudworth (appointed 5/10/53), Miss J. M. Crabbe (appointed 5/10/53).



### Administration

Senior Administrative Officer:

Mr. T. J. Davies (resigned 31/12/53).

Deputy Senior Administrative Officer:

(Vacant).

Senior Section Clerk:

Mr. Gwilym Davies.

Assistant Clerks:

Mr. I. W. Jones, Mr. W. Owen, Miss B. Richards, Miss J. Young, Mrs. H. L. Williams (part-time), Mrs. P. G. Storrs (Colwyn Bay office), Mr. B. G. Roberts (appointed 23/11/53).

The changes in the staff of the School Health Service during 1953 are reflected in the following table:—

TABLE I

	1st Jan.	31st Dec.
Principal School Medical Officer ...	1	1
Deputy Principal School Medical Officer	1	1
School Medical Officers .....	3	3
District Medical Officers and School Medical Officers	4	4
Dental Officers .....	2	3
Dental Attendants .....	2	4
Whole-time School Nurses .....	2	2
School Nurses/Health Visitors .....	13	14

Fortunately, there were but a few changes amongst the professional staff during the year and the service has, therefore, benefitted from having officers who knew their schools and districts.

Dr. Shone, who had given this Authority two years excellent service, resigned in order to get married. This vacancy was filled in October by Dr. D. J. Wilson, who, to meet the re-allocation of schools and clinics, was based on Colwyn Bay, so being more easily accessible to the Conway Valley, where most of her work would be located.

The dental staff was increased by the appointment of Mr. J. P. Reid, who was based on Abergele so as to cover the Vale of Clwyd. In addition, by arranging a weekly session by an Orthodontic Specialist, Mr. B. T. Broadbent, a valuable service has become available to Denbighshire schoolchildren.

Miss E. B. Jones resigned from the post of Health Visitor/School Nurse to the Chirk area in June, 1953, and was succeeded by Miss A. E. Jones. The Coedpoeth area had been served for some time in a temporary capacity by Mrs. V. Richards, who was transferred to Wrexham as School Nurse when Miss E. Foulkes commenced duties as Health Visitor/School Nurse for Coedpoeth on August 1st, 1953.

### **Dental Attendants.**

The increase in the dental staff necessitated the appointment of Miss A. Cudworth and Miss J. M. Crabbe as dental attendants.

### **Administration.**

The Senior Administrative Officer post, which had been vacant since November, 1951, was filled by the merited promotion of Mr. T. J. Davies, who, as Deputy Senior Administrative Officer, had performed the dual duties of

Senior and Deputy Senior Administrative Officer from November, 1951, till the end of 1953, when he terminated his services with this Authority in order to migrate to the United States of America.

During the year, Mr. Gwilym Davies took over the duties of Section Head of the School Health Service.

The staff of the Section was increased by the appointment of Mr. B. G. Roberts on 23/11/53.

# ANNUAL REPORT ON THE SCHOOL HEALTH SERVICE FOR 1953

## STATISTICS OF THE COUNTY

Area (in acres) .....	...	...	...	427,977
Population of County (mid-1953) ...	...	...	...	170,700
School-child Population ...	...	...	...	27,315

Number of Schools and Children in Attendance :

		No. of Schools	Attendance
1	Primary ... ..	167	19,759
2	Secondary Modern ... ..	13	3,385
3	Secondary Grammar ... ..	10	3,990
4	Secondary Technical ... ..	1	132
5	Special Schools (inc. Llangwyfan Hospital Special School) ...	2	49
		<hr/> 193 <hr/>	<hr/> 27,315 <hr/>

Average attendance during the year ... 91 per cent

Nantyrhiw C.P. School was closed at the end of the Summer Term, 1953.

## MEDICAL INSPECTIONS

### Routine Medical Inspections.

Throughout the year, medical inspection of schoolchildren has been carried out in accordance with the School Health Regulations. Children are medically examined in Primary Schools on entry and during their scholarship year, in Secondary Modern Schools in their final year, and in Grammar Schools annually after attaining the age of fourteen years.

Most children commence school in the Autumn term and, as far as is compatible with administrative convenience, entrants to Primary Schools are examined during this term,

thus ensuring that they are examined with the minimum of delay after their admission to school. During the Spring term the emphasis of medical inspection is laid on Secondary Modern and Grammar Schools, thus minimising any interference with academic examinations. Further, as all these schools are situated near main thoroughfares, it is seldom that weather conditions interfere, whereas the rural Primary Schools are often inaccessible during the early months of the year. The beginning of the Summer term is utilised to complete the medical inspection of those schools which, for one reason or another, had not been completed earlier in the year.

Head teachers submit at the beginning of each term a list of the names of all children admitted to, or leaving the school; the co-operation of head teachers in the prompt return of these nominal rolls is much appreciated as they form the essential basis of school medical documentation, from which the school cards are compiled and arranged at the Central Office. Henceforth, child welfare records will be embodied in the school medical documents so providing a complete medical record for the period the child is under the surveillance of the local authority.

At the commencement of 1953, notices of medical examinations were dispatched direct to the parents from the Central Office, but this method, although most successful in obtaining the attendance of parents at medical inspection, involved much clerical work and additional expenditure.

However, the deciding factor against using this system was its lack of flexibility due to the remoteness of Central Office control. Later in the year, notices of medical examinations were distributed by the head teacher, who, **being on the spot**, could legislate for last minute changes and was in the best position to give specific appointments to parents that he knew would be attending the medical examination. This modification in procedure has not materially influenced the attendance of parents.

On the reverse side of the "Notice to Parents of Medical Examination" is printed a series of questions regarding the child's medical history. Parents are requested to answer these and return the form via the child to the head teacher before the day of the medical examination.

During the year, a total of 9,754 children were examined at medical inspections. Of this number, 8,344 were periodic inspections, 1,358 re-inspections and 52 special examinations.

The statistics of medical inspection were made up as follows:—

Prescribed Groups	No. Examined
(a) Periodic Medical Inspections.	
Entrants ... ..	2387
Second-age group ... ..	2406
Third-age group ... ..	2322
Other periodic inspections ... ..	1229
	8344
(b) Other Inspections.	
No. of special inspections ... ..	52
No. of re-inspections ... ..	1358
	1410
No. of statutory notices ... ..	Nil

In addition to periodic routine inspections, children are re-inspected if previous routine inspection has shown this to be necessary. Special examinations are carried out at the request of head teachers, and, in certain cases, at the request of parents.

During the year, the schools were visited frequently by the School Nurses, who, in addition to other duties, carried out cleanliness inspections. School Nurses, however, do not only inspect the heads for vermin, but also assess the general



cleanliness, the clothing and the state of health of the Child and in this way the Nurse can advise the head teacher and, in some cases, report to the Principal School Medical Officer if she thinks any further action is needed.

### **Findings at Medical Inspection.**

The obligations of the Local Education Authorities to provide free medical treatment is now, to a large extent, discharged by taking advantage of the facilities provided under the National Health Service Act, 1946. An exception to this is the provision of an Ophthalmic Specialist by the Denbighshire Education Authority.

Children found to be suffering from any defect at the School Medical Inspection were referred to the family practitioner, but where the School Medical Officer considered a specialist opinion was required, then this was arranged by the Central Office with the appropriate hospital department. When schoolchildren needed to be referred to a hospital specialist, an opportunity was given to the general practitioner to make the appointment, but, apart from a small minority, the family doctor has indicated a preference for the School Health Service to proceed with the arrangements, subject to a report being sent to him. Such a procedure obviates delays, ensures co-operation, and serves the best interest of the child.

The number of routine periodic medical inspections shows an increase of approximately 400 over the number in the previous year, and the number of re-inspections shows an increase of nearly 650. This latter increase is due to the emphasis laid by the School Health Service on the following up of any defects found at previous examination.

TABLE II

The following table shows the defects found at Medical Inspections in the year ended 31st December, 1953:—

Defect or Disease	Periodic Inspections No. of Defects		Special Inspections No. of Defects	
	Requiring treatment	Requiring to be kept under obser- vation but not re- quiring treatment	Requiring treatment	Requiring to be kept under obser- vation but not re- quiring treatment
(1)	(2)	(3)	(4)	(5)
Skin .....	17	80	1	1
Eyes:				
(a) Vision .....	494	316	8	1
(b) Squint .....	55	50	2	1
(c) Other .....	14	30	1	—
Ears:				
(a) Hearing .....	18	69	1	—
(b) Otitis media .....	18	33	—	1
(c) Other .....	13	32	—	—
Nose or Throat ...	205	898	1	5
Speech .....	10	53	—	—
Cervical Glands ...	4	314	—	1
Heart and Circulation	7	115	—	1
Lungs .....	20	207	1	—
Developmental:				
(a) Hernia .....	2	12	—	—
(b) Other .....	3	50	1	—
Orthopaedic:				
(a) Posture .....	8	131	—	—
(b) Flat Foot ...	60	264	—	—
(c) Other .....	58	177	—	—
Nervous System:				
(a) Epilepsy ....	3	14	—	—
(b) Other .....	6	49	1	—
Psychological:				
(a) Development	8	32	2	1
(b) Stability ...	3	20	—	—
Other .....	10	118	—	—



TABLE III

The following table gives the number of pupils found at Medical Inspection to require treatment. This table excludes dental diseases and infestation with vermin.

Group	For defective vision (excl. squint)	For any of the conditions recorded in Table II	Total individual pupils
(1)	(2)	(3)	(4)
Entrants .....	26	164	189
Second age group ...	161	105	263
Third age group ...	141	111	241
Total (prescribed groups)	328	380	693
Other periodic inspections	166	162	315
Grand Total .....	494	542	1008

### Infestation with Vermin.

In addition to the routine medical inspections, children are regularly inspected by the School Nurse for infestation with vermin.

The emphasis for the treatment of infestation is still laid on obtaining the co-operation of the parents and instruction of the mother by the School Nurse in the best possible method of cleansing the child's head. Arrangements are made, if necessary, for the supply by the School Nurse of the necessary materials. The Nurse re-inspects the head after two or three days, and if there is no improvement the parents are sent a formal notice and the child then officially excluded from school.

The Education Act gives statutory powers to cleanse a child's head, but it has not been found necessary to utilise these powers during the past year.

(1) Total number of examinations in the schools by the School Nurse or other authorised persons	58555
(2) Total number of individual pupils found to be infested .....	1961
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .....	—
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .....	—

The proportion of children found infested to the number of head inspections carried out has remained at very much the same level as in previous years. This is probably due to the fact that cases of infestation represent a fairly constant nucleus of unclean homes in the County. These homes form a reservoir from which re-infection is particularly liable to occur. It is often the same children who are found to be infested, even after previous infestations have been thoroughly cleared up.

### **Diseases of the Skin.**

The accompanying table shows the number of cases of diseases of the skin discovered at medical inspection. This does not include the skin diseases following on as an immediate result of infestation with vermin. The number of cases of ringworm and scabies under treatment has reached a very low level. Impetigo shows a slight increase over both 1952 and 1951.

TABLE IV

	No. of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm:		
(1) Scalp .....	—	—
(2) Body .....	2	—
Scabies .....	—	—
Impetigo .....	98	—
Other skin diseases .....	107	—
Total .....	207	—

Cases of skin disease are normally referred to the child's family doctor or to the minor ailments clinic. Occasionally, a School Medical Officer considers that a specialist opinion is required, and this is secured through the Hospital Service.

### Defective Vision.

During the course of the year, 574 cases were referred by the School Medical Officers for specialist ophthalmic opinion—502 in respect of defective vision, 57 for squint and 15 for various other eye conditions. The treatment of cases of defective vision continued on the same lines as for the previous year. The County's ophthalmologist, Dr. Mary Rowland Hughes, continued to work at the Wrexham, Chirk, Llanrwst, Colwyn Bay and Denbigh clinics. Dr. Hughes' work lies mainly in the country districts, where children experience difficulty in getting to ophthalmic clinics

conducted by the Regional Hospital Board. In and around Wrexham, and other centres where Regional Hospital Board clinics are available, full use is made of the facilities they offer for ophthalmological treatment of schoolchildren. As a result of the services provided both by the Authority and the Regional Hospital Board, the waiting list for children to be seen in respect of ocular conditions is small and no child whose parents wish to take advantage of this service should now have to wait more than a nominal time before being seen.

The accompanying table shows the particulars of cases of eye diseases, defective vision, squint, etc., dealt with in the past year:—

TABLE V

	No. of Schoolchildren dealt with by the	
	Authority	Otherwise
External and other, excluding errors of refraction and squint .....	6	22
Errors of refraction (including squint) .....	561	335
Total .....	567	357
Number of pupils for whom spectacles were:		
(a) Prescribed .....	239	167
(b) Obtained .....	226	—

### Defects of the Ear, Nose and Throat.

During the year, 256 children were referred to the Ear, Nose and Throat Specialists at the appropriate hospital out-patients' departments. These children are kept under surveil-

lance by the School Nurse with a view to preventing default of attendances at clinics. The School Nurse also visits the home after discharge from hospital following operative treatment; in this way the School Health Service maintains close contact with cases at all stages.

The following table gives details of treatment provided for ear, nose and throat defects:—

TABLE VI

	No. of Schoolchildren treated	
	By the Authority	Otherwise
Received operative treatment:		
(a) For diseases of the ear .....	—	28
(b) For adenoids and chronic tonsillitis .....	—	185
(c) For other nose and throat conditions .....	—	22
(d) Other forms of treatment .....	—	115
Total .....	—	350

### Orthopaedic.

Close contact is maintained between the School Health Service and the hospital orthopaedic clinics. Such clinics were held during the year at Cefn, Wrexham, Colwyn Bay, Denbigh and Llanrwst.

The total number of children treated as in-patients at hospital in respect of orthopaedic defects was 46. The total number of attendances at clinics and out-patient departments made by children from Denbighshire was 1,538.

The main advantage of the close liaison is that any minor deviation from the normal, discovered at routine medical inspection, can be immediately referred to the orthopaedic clinic and in this way serious defects can be prevented from arising. This applies particularly in the case of defects of the feet, which, if left uncorrected, may cause severe incapacity in later life.

During the year, sixty cases of flat feet were referred for special treatment and 264 children are being kept under observation for foot defects.

### **General Condition.**

The classification of children into nutrition groups "A" and "B" still provides a subject for controversy. The results from a series of schools show that certain Medical Officers have a predilection for nutrition class "A" and others for "B." There is much more unanimity amongst the Medical Officers over what constitutes group "C."



TABLE VII

The following table gives the classification, in age groups, of the general nutritional condition of pupils inspected during the year:—

Nutrition in: Group "A"—Good; Group "B"—Fair; Group "C"—Poor

(1)	No. of pupils inspected (2)	Group "A"		Group "B"		Group "C"	
		No. in Group (3)	% of Column No. (2) (4)	No. in Group (5)	% of Column No. (2) (6)	No. in Group (7)	% of Column No. (2) (8)
Entrants .....	2387	991	41.5	1359	56.9	37	1.5
Second age group	2406	761	31.6	1622	67.4	23	.9
Third age group .	2322	696	29.9	1583	68.1	43	1.8
Other periodic inspections	1229	404	32.9	814	66.2	11	.9
TOTAL .....	8344	2852	34.1	5378	64.4	114	1.3

During the year, in only four cases was there enlargement of the cervical glands sufficiently great to warrant referral to a specialist. The number of lung defects requiring referral to a specialist was 20—a figure similar to that in previous years.

### Minor Ailments.

Pupils found to be suffering from certain minor ailments are treated at school clinics, of which there are ten permanent and twenty-three occasional clinics. These clinics are

usually held at the various welfare centres throughout the County.

The following is the list of premises at which permanent school clinics are held: Abergele, Cefn, Colwyn Bay, Denbigh, Llanrwst, Llay, Rhos, Rhosrobin, Wrexham (1 Grosvenor Road) and Wrexham (Gatefield Clinic).

Although the National Health Service Act, 1946, provides for children to be seen by their own family doctor, the demand for the service of the minor ailments clinic remains fairly constant. The figures for 1953 show only a decrease of 21 over the previous year. Only simple treatment is carried out at these clinics, usually for ailments or accidents that are concomitant with school life. More serious cases are invariably referred to the child's own family practitioner.

TABLE VIII

The following table gives the details of treatment carried out at the above Clinics:—

	No. of cases treated
(a) Miscellaneous minor ailments .....	603
(b) Other than (a) above:	
(i) Eyes, blepharitis, etc. ....	44
(ii) Ears, wax, etc. ....	53
	700

## HANDICAPPED CHILDREN

The Handicapped Pupils and School Health Service Regulations define the various categories of children who require special educational treatment and place the duty for the ascertainment of such children upon the Local Education



Authority. Every child is entitled to the complete development of his potentialities and capacity for living a full life, but the handicapped pupil has already lost much of that prospect and unless given special attention by skilled and highly trained teachers and medical officers has little hope of overcoming his handicaps and winning a place in the social structure. It is, therefore, of paramount importance that ascertainment should be comprehensive and as early as possible. The School Health Service is striving to attain this and I only wish that the provision of special educational treatment in Denbighshire could keep abreast of the ascertainment. This County has only the Alexandra Special School and dependence for special educational treatment has to be placed on provisions made by other authorities.

Although dilatory in providing such facilities itself, Denbighshire has invariably readily accepted full financial responsibility for any handicapped pupil which it has been possible to place in a special school.

The North Wales counties conferred on the possibility of uniting forces to provide a special school for physically handicapped pupils but progress was limited to discussion.

Departmentally, greater emphasis has been made on helping the handicapped pupil. Old cases have been reviewed, records checked and the clerical work associated with this group made the responsibility of one clerk. Thus it has been possible to assess requirements reasonably accurately and also to ensure that all possible assistance is given to the handicapped child.

Special educational facilities for the respective categories of handicapped pupils still vary greatly. Whereas there is a reasonable prospect of providing such education for the blind and deaf within a short time of ascertainment, it is more difficult to place an educationally sub-normal or physically handicapped child, and almost impossible to obtain a vacancy at a special school for a child suffering from multiple handicaps. The day special school for educationally sub-normal children at Wrexham remains full, and there would appear to be need for further such facilities in the Wrexham Divisional Executive Area. With the exception of this school and an independent school at Ruthin with residential accommodation for educationally sub-normal

children, there are no other facilities for handicapped children of any kind in the County and the majority of handicapped pupils have, therefore, to be found accommodation outside Denbighshire. It has been found, in fact, that parents are becoming increasingly reluctant to allow their children to proceed, without protest, to schools situated long distances away. One can appreciate both the personal and financial aspects of the dislike of the parent to the child proceeding to Devon or South-East England.

### **Blind and Partially Sighted.**

During 1953, no blind children were ascertained and none was awaiting admission to a special school for the blind at the end of the year.

Six partially sighted children were ascertained during the year; two were admitted to the School for the Blind, Bridgend, while there still remained six children awaiting vacancies at schools for the partially sighted.

One case in particular emphasised the difficulties encountered in dealing with some of these handicapped children. A girl was given a vacancy at a blind school, but after one term she refused to return. The parents seemed unable to compel her to return, although they professed that they wished her to go back to school. In the meantime, the girl was roaming the town, uncontrolled and undisciplined. Attempts were made to remove her, but without success. Eventually, parental authority was given to her removal by car in the company of a male and female attendant. Once at school, the girl fairly quickly responded to supervision and discipline, but her defective vision, combined with a poor intellect and psychotic reactions, made her a particularly difficult problem, which necessitated considerable tact, understanding, sympathy and restraint from the staff of the school and the constant attention of the School Medical Officers. Eventually this pupil settled down satisfactorily and will, I am sure, derive considerable benefit, both socially and educationally, from being at this school. The overcoming of the particularly difficult abnormal reactions and behaviour of this pupil reflects credit on the staff and medical officers of the Blind School, Bridgend.

## **Deaf and Partially Deaf.**

Two children were ascertained as totally deaf during the year and efforts are now being made to secure their placement in an appropriate school.

No partially deaf children were ascertained.

Two partially deaf children who required placement in a special school at the end of the year have now been admitted to the Llandrindod Wells School for the Deaf.

At the end of 1953, there were twelve deaf children and one partially deaf child attending special schools for these categories of handicapped children, the majority of these children being at the Llandrindod Wells School.

Periodic reports of pupils at special schools for the deaf were received, and it is gratifying to note the improvement in emotional, educational and intellectual development. In one case, a child who had been at the Llandrindod Wells School had improved to such a degree that it was possible for him to leave the special school and to continue his education in an ordinary school.

## **Delicate.**

This category now includes children who were previously categorised as diabetic. During the year, three children were ascertained as delicate and one placed in a special school.

Children from Denbighshire normally proceed to the Penoyre Special School for Delicate Children, Brecon, which opened during the year.

At the end of the year only one delicate child remained awaiting admission to a special school.

## **Physically Handicapped.**

This category includes many varieties of handicaps which have affected children either due to accident or disease. The extent of the handicaps in this group have a wide range, but fortunately, as children are resilient and

adaptable, it is only those severely afflicted who require special facilities for their education. An epidemic of poliomyelitis leaves a heritage of paralysed children and some of these cannot attend an ordinary school. The cerebral palsy group is another which presents particular difficulties but for which there are few provisions. To anyone who has witnessed the transformation in these children under expert attention and training, the academic discussions as to location, type of building, staffing, etc., of a special school are insignificant in relation to the urgency of the needs of these children.

Five pupils were ascertained to be within the category during the year, after careful consultation with the Paediatrician, general practitioners and parents. At the end of the year ten children were awaiting admission to special schools for physically handicapped pupils, but the promise of admission had been obtained for one girl at the Hallowick School for Crippled Girls.

For many children in this category, home tuition has proved of the most beneficial, therapeutic and educational value, improving markedly their well-being and morale. This was appreciated by the Paediatrician, who requested that a teacher should attend a long-stay patient at the Paediatric Wing of the Maelor General Hospital. According to reports, the bed-side teaching expedited recovery and ensured that, educationally, the patient had kept abreast of her own age group so satisfactorily that soon she will be sitting the Grammar School Entrance Examination.

Experience has shown that there is a place for the teacher in the paediatric wards for, in practice, not only do the long-stay patients look forward to the daily lessons, but invariably there are many recruits from short-stay patients, who also seem to derive benefit from formal tuition. Arrangements were made for the regular attendance of a teacher in the wards for two hours daily and this could be increased to four hours at the discretion of the Principal School Medical Officer. This type of work requires a teacher with a deep and sympathetic understanding of a child's mentality, for a sick child is particularly sensitive and must be handled with great tact and sympathy. Fortunately, a teacher with the requisite qualifications, experience and personality was found in Miss Morris Jones, whose devotion



to this work has done so much to relieve the boredom of hospital and countered to a great measure the effects of absence from school.

### **Epileptic.**

No new cases were ascertained during 1953.

### **Speech Defect.**

Previously, the need for a Speech Therapist has been emphasised. Originally this County agreed with Flintshire to share the services of a Speech Therapist, but eventually Flintshire succeeded in obtaining the part-time services of a Therapist; so it became necessary for Denbighshire to review the situation. It was resolved to employ a full-time Speech Therapist, but, despite repeated advertisements, it has not been possible to appoint a trained Therapist. In the meantime, children with severe speech defects are treated by special arrangement at the Salop Education County Clinic, Oswestry, and the Flintshire Education County Clinic, Prestatyn.

### **Educationally Sub-Normal.**

Educationally sub-normal children cannot possibly progress satisfactorily in a large class, for they require individual attention and constant encouragement. While the classes remain in excess of desirable standards, a great number of pupils will fall into this category, for the border-line pupils cannot maintain progress without some additional attention from the teacher. However, even when the present state of overcrowding at schools has been overcome, there will remain a proportion of educationally sub-normal pupils and adequate provision should be made now for the hard core that will inevitably require special educational treatment. In the meantime, additional provisions are needed and these could best be met by special classes.

During the year, 21 pupils were classified as educationally sub-normal; 11 were admitted to residential schools and one to Alexandra Special Day School, while 40 still remained unplaced.

Nine children were found to have so low an intelligence level that they were classed ineducable, and, in accordance with Section 57 of the Education Act, 1944, they were reported to the Local Health Authority. Each individual child was meticulously assessed before this formal action was taken, and if there were any remote prospects of the child benefitting from special educational treatment, a trial period at a special school was given before a final decision was made. Children formally reported as ineducable are excluded from school and become the responsibility of the Local Health Authority. It is regretted that there are no facilities for the training of ineducable children after having been excluded from school; they stay at home all day, to the distraction of their parents and the concern of the Authority.

### **Maladjusted.**

Maladjusted children are usually referred to the Child Guidance Clinic. The Child Guidance Team, which is provided by the Regional Hospital Board, functions, as regards Denbighshire, for one day a week each at Wrexham and Colwyn Bay. Children may, however, attend at Rhyl or Bangor if this is more convenient.

The Child Guidance Clinic endeavours to influence and advise parents and suggest to teachers the appropriate approach to the difficulties of each individual maladjusted child. Unfortunately, the root cause of such maladjustment lies only too often in the home environment and sometimes little can be done for the child who has to remain in an atmosphere inconducive to its normal development.

During the year, it has been possible to arrange for the admission of three children to special schools for maladjusted children. Unfortunately, because of the individual attention that has to be given to such children, the fees at schools for maladjusted children are often very high, but if, by reason of attendance at a special school, a child is saved from delinquency, the community gains both morally and financially in the future. Two maladjusted children remained as requiring special education at the end of the year.

TABLE IX

The following table gives the number of Denbighshire children who were seen at the various Child Guidance Clinics during the year:—

Location of Clinic	Number of individual children	First attendance	Further attendances
Wrexham .....	48	32	230
Colwyn Bay .....	11	2	9
Rhyl .....	10	9	1
Bangor .....	24	2	22
Total .....	93	45	262

### Multiple Defects.

Some handicapped children suffer from more than one defect and it is noted that often a sub-standard intellect is a concomitant of physical disability. Such cases present a serious problem as regards placement in a special school for very few schools provide for other than one specific category of handicapped pupil.

## INFECTIOUS DISEASES

The two main infectious diseases prevalent during the year were again measles and whooping cough. The number of cases of measles showed a rise on the previous year, the disease thus maintaining its biennial swing.

There were 13 cases of acute poliomyelitis during the summer months. A small localised outbreak in the Ceiriog

district was investigated and preventive action taken. Contacts were carefully supervised and the outbreak was limited to primary cases.

### **Diphtheria Immunisation.**

Once again it is gratifying to report that there were no cases of diphtheria notified in Denbighshire during 1953, but this should not lead to a sense of false security. If immunisation is neglected the disease may well burst through the defences and wreak havoc with an unprotected community.

As in previous years, emphasis is placed on immunisation before the child is a year old and again between the age of 4-5 years. The majority of parents appreciate the need for the first course of injections but seem to ignore the waning of immunity and the need for a booster at 4-5 years. Administratively, it has been found easier and more successful to re-immunise when the child has commenced school. At some schools the immunisation is carried out simultaneously with the routine medical inspection, while at the bigger schools special sessions are arranged, mainly during the summer term.

### **Tuberculosis and Mass Radiography Service.**

The mass radiography unit visited a considerable number of the Secondary Schools in the County during the year. The procedure is normally to X-ray only children over the age of 14, but the unit have been most co-operative where there have been cases of tuberculosis in a school and have examined all those who have been exposed to infection. As a result of mass radiography, three definite cases of pulmonary tuberculosis were discovered in schoolchildren. In addition, five cases were discovered where observation was considered necessary in the interests of the child and its companions, also a further 37 cases of miscellaneous chest conditions were revealed.



# Mass Radiography Service

Survey of Denbighshire Schoolchildren, 1953.

Individual Schools.

School	Total number X-rayed		Total number abnormal		Definite Pulmonary Tuberculosis		Needing fur- ther observa- tion for P.T.		Other abnormalities of the chest			
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Colwyn Bay Grammar .....	230	124	106	3	3	—	—	—	—	3	3	—
Colwyn Bay Secondary Modern ..	117	68	49	2	2	—	—	—	—	2	2	—
Abergele Secondary Modern ..	103	49	54	5	2	3	—	—	—	4	1	3
Abergele Grammar .....	162	79	83	3	—	3	—	—	—	2	—	2
Rhos Secondary Modern .....	131	55	76	4	—	4	—	1	—	3	—	3
Denbigh Grammar .....	139	55	84	—	—	—	—	—	—	—	—	—
Denbigh Secondary Modern .....	70	44	26	2	—	2	—	—	—	2	—	2
Brynhyfryd Grammar, Ruthin ..	162	70	92	2	—	2	—	—	—	2	—	2
Ruthin Controlled .....	20	17	3	1	1	—	—	—	—	1	1	—
Ruthin C.F. ....	8	1	7	—	—	—	—	—	—	—	—	—
Ruabon Grammar .....	261	127	134	1	1	—	—	1	—	—	—	—
Victoria Secondary .....	97	95	2	4	2	2	—	2	1	2	1	1
Wrexham Controlled .....	79	33	46	4	1	3	—	—	—	4	1	3
St. Mary's R.C., Wrexham .....	29	18	11	—	—	—	—	—	—	—	—	—
Grove Park Grammar .....	544	237	307	6	1	5	1	1	—	5	—	5
Alexandria Secondary Modern ...	80	—	80	3	—	3	—	—	—	3	—	3
Bryn Estyn, Wrexham .....	43	43	—	—	—	—	—	—	—	—	—	—
Wrexham Technical College .....	150	99	51	1	1	—	—	—	—	1	1	—
Convent High School, Wrexham	46	—	46	2	—	2	—	1	—	1	—	1
Brynteg Secondary Modern .....	68	39	29	2	1	1	—	—	—	2	1	1
Brymbo Secondary Modern .....	22	8	14	—	—	—	—	—	—	—	—	—
TOTAL .....	2561	1261	1300	45	15	30	3	2	1	37	11	26
Staff .....	205	101	104	7	2	5	—	—	—	5	1	4

## MISCELLANEOUS SERVICES

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### Examination of Students and Teachers.

The provisions of the Ministry of Education Circular 152 had already been implemented by this Authority before the requisite statutory date of April 1st, 1953. 152 teachers and 132 prospective entrants to Training Colleges were examined during 1953, giving a total of 284 detailed medical examinations, including a full-size X-ray of the chest. This figure shows an increase of 49 over the previous year.

### Provision of School Meals.

The total number of school meals supplied to children throughout the year was 2,719,286.

It is the practice for the staff of the School Meals Service to be medically examined by members of this Department before appointment and some 60 such examinations were carried out during the year. With the co-operation of the School Meals Organiser, who realises the great importance of health and hygiene in food preparation, arrangements were made during the year for the annual examination of all members of the school meals staff. A start was made on such examinations during the summer holidays and by the end of the year some 270 members of the school meals staff had been examined. This examination entailed a full routine clinical examination and, in certain cases, where there were indications, various bacteriological examinations were also carried out.

During the year the canteen staff held conferences and the Deputy County Medical Officer gave a short talk on food hygiene and elementary dietetics at each conference.

### Employment of Schoolchildren.

Statutory provisions govern the employment of children and it is obligatory for every child to be medically examined before being allowed to undertake remunerative employment. The number of children examined in this connection in 1953 was 127.

## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

In presenting my report on the year's work, I would point out that the School Dental Service runs, to a great extent, parallel to the School Medical Service and that changes in one affect the other. I feel that the present state of the Dental Service, owing to the shortage of dental officers, is holding back any advance which might take place in the School Medical Service. This, in my opinion, emphasises the urgent need to build up the dental staff. 1953 proved a most difficult year, as for most of the time the whole of the work devolved on two full-time officers, and, consequently, conservative and preventive treatment suffered, owing to the greater need to relieve pain and remove oral sepsis. However, towards the end of the year we were fortunate in obtaining the services of another full-time officer, and can only hope the following year will see further increases in the staff.

### **Anaesthetics.**

The Principal School Medical Officer has kindly placed the part-time services of two of the school Medical Officers at our disposal and this has been a considerable help.

### **Orthodontics.**

The appointment, in May last, of Mr. B. T. Broadbent, F.D.S., L.D.S., on a sessional basis, to undertake all the orthodontic treatment, has proved most successful, and over a hundred cases have been referred to him. I am pleased to report that nearly all have accepted the treatment.

### **Consultant Oral Surgeon.**

It is with regret that I report the death in December of Mr. Wynne Griffith, Consultant Oral Surgeon to the Regional Hospital Board. His services were utilised to the full to our great advantage. At the present time this post has not been filled.

## Clinics.

The new clinic at Abergele has now been completed, and is in full use. By removing some equipment from the east side, Llanrwst has now been made reasonably operative.

I want to stress the need to establish a permanent clinic in Ruthin; present arrangements are most unsuitable and can really only be used for emergency treatment.

Remaining clinics are unaltered, but I would point out that they would need considerable additional equipment to bring them up to date, should we be fortunate enough to increase our present staff.

## Emergency Clinics.

These are held in the Clinic, Grosvenor Road, Wrexham, on Friday and Saturday mornings. Additional clinics are held in both Wrexham and Colwyn Bay according to the size of the waiting list.

I wish to take this opportunity of thanking the Medical Officers and the nursing and office staff for their unfailing help, and, once again, the teaching staff for their continuing co-operation.

TABLE X

### Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers:	
(a) Periodic age groups .....	7514
(b) Specials .....	15
Total (1) .....	<hr/> 7529 <hr/>
(2) Number found to require treatment .....	4497
(3) Number referred for treatment .....	4497
(4) Number actually treated .....	3550
(5) Attendances made by pupils for treatment .....	4185

## (6) Half-days devoted to:

Inspection .....	118
Treatment .....	551
Total (6) .....	<u>669</u>

## (7) Fillings:

Permanent teeth .....	2273
Temporary teeth .....	170
Total (7) .....	<u>2443</u>

## (8) Number of teeth filled:

Permanent teeth .....	1955
Temporary teeth .....	170
Total (8) .....	<u>2125</u>

## (9) Extractions:

Permanent teeth .....	1168
Temporary teeth .....	4561
Total (9) .....	<u>5729</u>

## (10) Administration of general anaesthetics for extraction .....

1972

## (11) Other operations:

Permanent teeth .....	381
Temporary teeth .....	—
Total (11) .....	<u>381</u>



## PHYSICAL EDUCATION

I append herewith a summary of the report submitted by the Organisers of Physical Education:

"The policy advocated in the previous year's report is being carried out and each year a certain amount of heavy apparatus of the portable type is being requisitioned for the schools. This is of necessity a long-term policy, as tubular steel is costly. Teachers are left free to develop their work on a recognised framework suited to the needs of their class and the facilities available in each particular school.

### "Playing Fields.

The question of maintenance of existing playing fields owned by the Authority is still a matter of concern. A number of fields are in poor playing condition due to lack of proper maintenance and consequently cannot be used to their fullest advantage. A scheme has now been drawn up and submitted whereby these fields can be cut and maintained by the purchase of gang mowers.

There are still a number of schools in the County that lack access to any playing fields.

### "Swimming.

The attendance of schoolchildren at both Colwyn Bay and Wrexham baths has remained satisfactory.

### "Folk Dancing.

The interest in folk dancing is increasing each year, this being apparent by the number of folk dances organised by various bodies throughout the County. The effect of this form of activity in the schools during the last few years is now noticeable in the standard of performance at these meetings. Four school parties entered in the folk dance competition at the Rhyf National Eisteddfod, and during the year a course in folk dancing, lasting for three weeks, arranged by the Welsh Association of Youth Clubs, was held at Rhosddu, Wrexham. A number of teachers from the County attended the third annual residential course organised by the Welsh Folk Dance Society and held during the Easter holiday at Aberystwyth.

## “ Athletics.

The standard of performance is still being improved and the season has been most satisfactory from all aspects. District meetings were favoured with good weather and the Denbighshire Secondary Schools finished second in the National Championship.

## “ Association Football.

Association Football continues to be the major game in all the boys' schools.

## “ Netball.

Sixteen schools were affiliated to the County Association in the year and the high standard of play has been maintained throughout. Area tournaments were held at Wrexham and Colwyn Bay and the final County championships were held at Denbigh. The County team had a very successful season and were the winners of the Schoolgirls' Section of the North Wales Tournament.

## “ Cricket.

Cricket remains the cinderella activity in the schools, mainly because of poor playing surfaces. Grammar Schools do play inter-school matches, but the Modern and Primary Schools concentrate mainly on athletics and swimming during the summer term. Until an adequate scheme for playing field maintenance is set up by the Authority, cricket will never be played extensively.

## “ Hockey.

The County Schoolgirls' team took part in the North Wales Tournament, held at Ruthin, and were placed equal second with Flintshire. In their County match they were victorious against Flintshire at Colwyn Bay. The team has now been equipped with their own uniform, subscribed for by voluntary contributions from the Grammar Schools in the County.

## “ Tennis.

All Grammar Schools in the County have some facilities for tennis coaching, although in some cases the number of courts available is quite inadequate for the number of pupils

at the school. Certain schools, however, have access to nearby public courts; the use of these courts is encouraged, as the value of tennis from a recreational point of view cannot be too highly stressed.

“ Rhyl National Eisteddfod, 1953.

Towyn County Primary School were the winners in the physical training competition junior section at Rhyl, the Colwyn Bay Grammar School girls' team tying for second place.

“ Youth Work.

The Annual Physical Training Competition held this year at Acton School, Wrexham, was very successful. Although there was only a slight increase in the number of competing teams, there was a very encouraging improvement in the general standard of performance.

There was an innovation in the County Youth Athletic meeting, again held at the Barracks Field, Wrexham, by the introduction of senior A.A.A. events.

The organisers have again taken courses and demonstration lessons for teachers based on the new syllabus, at a number of schools in the County. They have also served on various committees and visited various voluntary organisations as well as attending courses arranged by the Ling Association and demonstrations organised by the Carnegie College of Physical Education at Leeds and the Irene Marsh College of Physical Education at Liverpool.”



# SCHOOL HEALTH SERVICE AND SCHOOL CLINICS

Return for 31st December, 1953

## I.—Staff of School Health Service

(excluding Child Guidance)

Principal School Medical Officer: Dr. M. T. Islwyn Jones

Principal School Dental Officer: Mr. J. G. Roberts

Number

Aggregate staff in the  
service of the L.E.A. in  
terms of the equivalent  
number of whole-time  
officers.

### (a) Medical Officers:

(1) Whole-time School Health Service	—	—
(2) Whole-time School Health and Local Health Service .....	9	3.7
(3) General Practitioners working part- time in the School Health Service	—	—

	Number	Aggregate staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers.
(b) Dental Officers .....	3	2.6
(c) Physiotherapists, Speech Therapists, etc. ....	—	—
(d) (1) School Nurses .....	15	9.0
(2) No. of the above who hold a Health Visitor's Certificate .....	10	—
(e) Nursing Assistants .....	—	—
(f) Dental Attendants .....	4	3.3

**II.—Number of School Clinics** (i.e., premises at which Clinics are held for school-children)**provided by the Local Education Authority for the Medical and/or Dental Examination and Treatment of Pupils attending Maintained Primary and Secondary Schools.**

Number of School Clinics .....	10
Number of Occasional Clinics held for School-children .....	23
	(at established Child Welfare Centres within the County)

III.—Type of Examination and/or Treatment provided at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for Examination and/or Treatment to be carried out at the Clinic.

Examination and/or Treatment	Directly by the Authority	Under arrangements with Regional Hospital Boards	Number of School Clinics (i.e., premises) where such treatment is provided.
(1)	(2)	(3)	
(a) Minor ailment and other non-specialist examination or treatment .....	33	—	
(b) Dental .....	33	—	
(c) Ophthalmic .....	5	—	
(d) Ear, Nose and Throat .....	—	—	
(e) Orthopaedic .....	—	3	
(f) Paediatric .....	—	—	
(g) Speech Therapy .....	—	—	
(h) Others .....	—	—	

## IV.—Child Guidance Clinics.

A "Child Guidance Service" is provided by the Regional Hospital Board, and four sessions are held weekly.

The following table gives details of the staff:

Staff of Centres	(a) Number		(b) Equivalent in number of whole-time Officers	
	Colwyn Bay	Wrexham	Colwyn Bay	Wrexham
(a) Psychiatrists	1	1	2/11	2/11 *
(b) Educational Psychologists	—	1	—	2/11
(c) Psychiatric Social W'ker	1	1	2/11	2/11
(d) Others	—	—	—	—

\* 11/11ths are given to represent "full-time" in the National Health Service.

# Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes.

	(1) Blind	(2) Partially Sighted	(3) Deaf	(4) Partially Deaf	(5) Delicate	(6) Physically Handicapped	(7) Educationally Sub-normal	(8) Maladjusted	(9) Epileptic	(10) Total — (1) - (9)
<b>In the calendar year ended 31st December, 1953.</b>										
(a) Handicapped pupils newly placed in Special Schools or Homes .....	—	2	1	—	1	—	12	3	—	19
(b) Handicapped pupils newly ascertained as requiring education at Special Schools or boarding in Homes .....	—	6	2	—	.3	5	21	4	—	41

Number of children reported during the year:

- (a) Under Section 57(3), excluding any returned under (b) ..... 8
- (b) Under Section 57(3), relying on Section 57(4) —
- (c) Under Section 57(5) of Education Act, 1944 1

# Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes. (continued)

	(1) Blind	(2) Partially Sighted	(3) Deaf	(4) Partially Deaf	(5) Delicate	(6) Physically Handicapped	(7) Educationally Sub-normal	(8) Maladjusted	(9) Epileptic	(10) Total — (1) - (9)
(c) Number of Handicapped Pupils from the area										
(1) attending Special Schools as:										
(a) Day pupils .....	—	—	—	—	—	—	20	—	—	20
(b) Boarding pupils .....	2	1	12	—	1	1	19	—	4	40
(2) Boarded in Homes .....	—	—	—	—	—	—	—	—	—	—
(3) Attending independent schools under arrangements made by the Authority .....	—	—	—	1	—	—	4	2	—	7
Total (c) .....	2	1	12	1	1	1	43	2	4	67



# Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes. (continued)

	(1) Blind	(2) Partially Sighted	(3) Deaf	(4) Partially Deaf	(5) Delicate	(6) Physically Handicapped	(7) Educationally Sub-normal	(8) Maladjusted	(9) Epileptic	(10) Total — (1) - (9)
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(d) Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:

(1) In hospitals	—	—	—	—	—	1	—	—	—	1
(2) Elsewhere	—	—	—	—	3	14	2	1	—	20

(e) Number of Handicapped Pupils from the area requiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition)

.....	—	6	2	2	1	10	40	2	1	64
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Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of Handicapped Pupils in the financial year ended 31st March, 1953

£1,725

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